

CIT Assessment Site Data

CIT Assessment Site data are collected using the **VACIT Data Template** under the tab designated for this data, titled: **CIT Assess Ctr.** Data are uploaded on a quarterly basis through the DBHDS sFTP server to a folder called 'Jail Diversion'.

Data are cumulative in nature. This means that the first data submission (Q1) will contain Q1 data only. The second submission (Q2) will contain both Q1 and Q2 data. The third submission (Q3) will include Q1, Q2, and Q3 data. And the fourth submission (Q4) will include Q1, Q2, Q3 and Q4 data throughout the ensuing years.

Below you will find the schedule for reporting CIT Assessment Site data:

| Quarter | Reporting period | Submission Due Date |
|---------|-------------------------------|---------------------|
| 1 | July 1 through September 30 | October 31 |
| 2 | October 1 through December 31 | January 31 |
| 3 | January 1 through March 31 | April 30 |
| 4 | April 1 through June 30 | July 31 |

| Fiscal Year | Fiscal Year Dates |
|-------------|-------------------------------|
| FY13 | July 1, 2012 to June 30, 2013 |
| FY14 | July 1, 2013 to June 30, 2014 |
| FY15 | July 1, 2014 to June 30, 2015 |

Naming Your CIT Assessment Center Data Files:

CIT Assessment Center Data files must be named in a very specific way to help us distinguish this data from other Data files. Please note: to ensure your data is received by DBHDS's Office of Behavioral Health and Criminal Justice Services, you must include CJMH in your file name.

Below is the format you should use for naming your CIT Assessment data files, including underscores.

[Your three digit CSB code] _ CJMH_CITAssess_ [Fiscal Year] _ [Quarter]. Xlsx

Here is an example of how your quarterly data files should be named each quarter:

001_CJMH_CITAssess_FY13_Q1.xlsx


001_CJMH_CITAssess_FY13_Q2.xlsx

001_CJMH_CITAssess_FY13_Q3.xlsx

001_CJMH_CITAssess_FY13_Q4.xlsx


Using the VACIT Data Template:

The **VACIT Data Template** contains two separate tabs for reporting data. The first tab is named '**CIT Field**' and the second tab is named '**CIT Assess Ctr**'.

 **IMPORTANT!!** The **CIT Assess Ctr.** tab is used for collecting data related to the utilization of the CIT Assessment Site, including data from CIT officers utilizing the site.

The **CIT Field** tab is used for collecting data on CIT officers that do NOT utilize the assessment site.

*You may not delete any of the information already provided in the **CIT Assess Ctr** tab (this includes drop down box options, etc).* However, if there is additional information you would like to collect, you may ADD information to the existing form by naming and adding additional columns.

 **ALSO IMPORTANT!!** Data should be reported on any person who is seen at the Assessment Site (i.e., interacts with personnel supported by these funds at the Assessment Site location), regardless of referral source or legal status (ECO or voluntary), and should be included in the data collected. Additionally, all persons referred to the Assessment Site (including self, or from Emergency Department personnel, etc.), should be provided a pre-screening in order to establish them in the CCS3 data base with a unique client identifier¹

Variable definitions are found in Appendix A below.

¹ This process was agreed upon during the final in person meeting with the local project representatives in Henrico County on November 26, 2012. It appeared to be the only way to effectively quantify all of the individuals served and would then allow DBHDS follow up on outcomes in ensuing months/years.

APPENDIX A:

| Variable Definitions - CIT Field | | |
|----------------------------------|--|---|
| Data Element | Response Format/Drop Down List | Definition |
| Call Type | [Drop Down] | How the officer initially comes in contact with subject |
| | Dispatched MH call | CIT officer dispatched to call for assistance with possible mental health involvement |
| | Dispatched ECO | CIT Officer dispatched to serve ECO |
| | Dispatched wellness check | CIT Officer dispatched for wellness check |
| | Self initiated call | CIT Officer self-initiated response on scene for any of the above |
| Injuries | [Drop Down] | Any reportable injury to an officer, subject or bystander that occurs AFTER the CIT officer has arrived on scene, <u>excluding self-injury</u> |
| | None | |
| | Officer | |
| | Individuals | Any subject or bystander |
| | Both | Any subject or bystander AND any law enforcement or CIT officer |
| Start Date & Time | mm/dd/yy hour: minute | Date and time of arrival on scene. <u>Use 24 hour format.</u> |
| End Date & Time | mm/dd/yy hour: minute | Date and time of final field disposition. <u>Use 24 hour format.</u> |
| Elapsed Time | This is an automatically calculated number. This number reflects the total number of <u>Days : Hours : Minutes</u> spent responding to a call | |

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| | | |
|--|-----------------------------|--|
| Primary Field Disposition | [Drop Down] | What the CIT officer does with the subject up to the time of transfer of custody at assessment site or other call clearing event |
| | Cleared on scene | |
| | Voluntary transport | Law enforcement transport of anyone who is NOT under criminal charge or ECO |
| | ECO | Subject in custody of a paperless or paper ECO |
| | Criminal charge and arrest | |
| Primary Field Disposition Location (Optional) | [Drop Down] | |
| | CIT Program Assessment site | Non criminal justice, therapeutic location specifically designed to accept transfers for CIT program |
| | Other location | Any other non criminal justice site |
| | Jail/Criminal Justice | E.g. magistrates office, sheriffs office, police department |
| Other information | | |

| Variable Definitions - CIT Assess Ctr | | |
|---------------------------------------|--|--|
| Data Element | Response Format/Drop Down List | Definition |
| CSB ID | CSB ID | The number, provided by the Department, identifies the CSB providing the services to the individual and the supplying the individual (consumer) and service data. |
| Consumer Id | CCS3 ID | <p>No spaces A number or a combination of numerical and alphabetical characters used to identify the individual receiving services uniquely within the CSB; the local consumer Id, rather than the statewide Id.</p> <p>NOTE: The Consumer ID field contains a maximum of 10 characters. Please report the Consumer ID exactly the same way it is reported in your CCS submission, which may include a zero fill.</p> |
| Fname | First Name | |
| Lname | Last Name | |
| SS | social security number | Numbers only, NO spaces or dash marks |
| Start Date & Time | mm/dd/yy hour: minute | Date and time of arrival at assessment site. <u>Use 24 hour format.</u> |
| End Date & Time | mm/dd/yy hour: minute | Date and time of departure from assessment site. <u>Use 24 hour format.</u> |
| Elapsed Time | This is an automatically calculated number. This number reflects the total number of Days : Hours : Minutes spent at the assessment site. | |
| Video Conferencing | [Drop Down] Yes/No | Video conferencing utilized |

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| Clinical Disposition | [Drop Down] | Where the person goes/what happens at the date and time of their leaving the site. |
|----------------------|---|---|
| | No further treatment required | |
| | Individual declined referral and no involuntary action taken | |
| | Referred to ambulatory crisis stabilization | |
| | Referred to residential crisis stabilization | |
| | Referred to voluntary outpatient or community treatment other than crisis stabilization | |
| | Referred to voluntary inpatient admission and treatment | |
| | Involuntary inpatient admission and treatment | |
| | Medical admission | |
| | Arrest | |
| Referral Source | [Drop Down] | Who brought the client to the assessment site. |
| | Self | A consumer seeking and receiving services at the assessment site, unaccompanied by any other referral source person or entity. |
| | Family/Other Civilian | Family, friend or other medical, community or social services agency personnel, etc. seeking services on behalf of a consumer and who is NOT a member of any of the other referral source options |
| | CIT Officer | Any law enforcement first responder with 40 hour CIT training completed (E.g., Police Officer, Deputy Sheriff, University or Facility Police or Security, etc.) |

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|---------------------------------|---------------------------|--|
| | Non CIT Officer | Any other law enforcement officer first responder |
| | CIT First Responder | Any non law enforcement first responder with 40 hour CIT training completed (E.g., EMS, Fire, Rescue, Ranger) |
| | Non CIT First Responder | Any other first responder |
| | CIT Jail/Corrections | Deputy Sheriff or Correctional Officer with 40 hour CIT training completed |
| | Non CIT Jail Corrections | Any other Deputy Sheriff or Correctional Officer |
| On Site Peer Support | [Drop Down] | |
| | Yes/No | Receives any on site service provided by peer |
| Referred to Peer Support | [Drop Down] | |
| | Yes/No | Is referred to any off site service provided by peer |
| Call Type | [Drop Down] | How the officer initially comes in contact with subject |
| | Dispatched MH call | CIT officer dispatched to call for assistance with possible mental health involvement |
| | Dispatched ECO | CIT Officer dispatched to serve ECO |
| | Dispatched wellness check | CIT Officer dispatched for wellness check |
| | Self initiated call | CIT Officer self-initiated response on scene for any of the above |
| Injuries | [Drop Down] | Any reportable injury to an officer, subject or bystander that occurs AFTER the CIT officer has arrived on scene, <u>excluding self-injury</u> |
| | None | |
| | Officer | |
| | Individuals | Any subject or bystander |

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| | | |
|---|---|--|
| | Both | Any subject or bystander AND any law enforcement or CIT officer |
| Start Date & Time | mm/dd/yy hour: minute | Date and time of arrival on scene. <u>Use 24 hour format.</u> |
| End Date & Time | mm/dd/yy hour: minute | Date and time of final field disposition. <u>Use 24 hour format.</u> |
| Elapsed Time | This is an automatically calculated number. This number reflects the total number of Days : Hours : Minutes spent responding to a call | |
| Primary Field Disposition | [Drop Down] | What the CIT officer does with the subject up to the time of transfer of custody at assessment site or other call clearing event |
| | Cleared on scene | |
| | Voluntary transport | Law enforcement transport of anyone who is NOT under criminal charge or ECO |
| | ECO | Subject in custody of a paperless or paper ECO |
| | Criminal charge and arrest | |
| Primary Field Disposition Location (Mandatory) | [Drop Down] | |
| | CIT Program Assessment site | Non criminal justice, therapeutic location specifically designed to accept transfers for CIT program |
| | Other location | Any other non criminal justice site |
| | Jail/Criminal Justice | E.g. magistrates office, sheriffs office, police department |
| Other information | | |

If you have any questions about submitting your data, please contact:

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